

## Mental Retardation Community Medicaid Services

\_\_\_\_ NEW  
FOR CSP YEAR

\_\_\_\_ REVISION  
FOR CSP YEAR

**Consumer-Directed  
Respite Services  
INDIVIDUAL SERVICE PLAN**

Individual: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Services Facilitator/Agency: \_\_\_\_\_ SF Provider Number: \_\_\_\_\_

Services Facilitator Telephone Number: \_\_\_\_\_ Services Facilitation Start Date: \_\_\_\_\_

Designated Backup: \_\_\_\_\_ Telephone: \_\_\_\_\_

ISP Start Date: \_\_\_\_\_

SUPPORT GOAL/OUTCOME: To provide temporary care that is normally provided to this individual by the primary care giver.

PURPOSE OF SUPPORT (Examples in italics.)	WHEN SUPPORT IS PROVIDED	WHERE AND HOW SUPPORT WILL BE PROVIDED (Examples in italics.)
1) <i>To make sure I am safe while my parents are out; to help me with dinner and getting ready for bed</i>	<i>Every other Friday night 5 – 11</i>	<i>In my home, my assistant will help me prepare and eat dinner, keep me company while I unwind, get washed and dressed for bed and stay until my parents come home.</i>
2) <i>To make sure I am safe while my parents are out; to help me with my laundry, lunch and a recreation activity</i>	<i>One Saturday/month 10 am – 5 pm</i>	<i>In my home, my assistant will help me start my laundry, prepare and eat lunch, take my medications. My assistant will go with me to the park, the mall or some other place in the community. We will walk, if we can, to get exercise. My assistant will help me to be safe in the community.</i>
TOTAL HRS PER YEAR: _____		

NOTE: CD-Respite Care Services are limited to 720 hours per year (inclusive of any agency-directed Respite Care hours.)

COMMENTS: